FEC FORM 2

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| TATEMENT OF CAN | DIDACI | | | | | SECRETARY | \ |
|--|---|-----------------|---------------|----------------------|------------|-----------------|-------|
| (a) Name of Candidate (in full) John F. Reed | | | | | | 16 JAN 29 | |
| (b) Address (number and street) PO Box 8628 | Check if address changed | s | 6RI00 | e's FEC Ide 163 | ntificatio | on Number | |
| (c) City, State, and ZIP Code Cranston, RI 02920 | | Stat | This ement | □ _(N) New | OR | ✓ Amended | |
| Party Affiliation DEMOCRATIC PARTY | 5. Office Sought Senate | 6. State & Di | strict of | Candidate | | | |
| DESI | GNATION OF PRINCIPAL C | AMPAIGN | COM | MITTE | | - | |
| | named political committee as my Princip | | | ee for the | (year of | election) | n(s). |
| OTE: This designation should be | filed with the appropriate office listed in t | the instruction | s. | | | <u> </u> | |
| (a) Name of Committee (in full) | | | | | | | |
| The Reed Committee | | | | | | | |
| (b) Address (number and street) | | | | | | | |
| PO Box 8628 | | | | | | | |
| (c) City, State, and ZiP Code | | | | | | | |
| | | | | | | | |
| Cranston, RI 02920 DES | IGNATION OF OTHER AUTI | | | MITTEES | <u> </u> | <u>.</u> | |
| DES 3. I hereby authorize the following ehalf of my candidacy. | | Representativ | es) | | | nd expend fund: | s on |
| DES 3. I hereby authorize the following ehalf of my candidacy. | (Including Joint Fundraising lands named committee, which is NOT my pr | Representativ | es) | | | nd expend fund | s on |
| DES 3. I hereby authorize the following ehalf of my candidacy. IOTE: This designation should be | (Including Joint Fundraising Inamed committee, which is NOT my profiled with the principal campaign commit | Representativ | es) | | | nd expend fund | s on |
| DES 3. I hereby authorize the following ehalf of my candidacy. IOTE: This designation should be (a) Name of Committee (in full) | (Including Joint Fundraising Inamed committee, which is NOT my prifiled with the principal campaign commit | Representativ | es) | | | nd expend fund | s on |
| DES 3. I hereby authorize the following sehalf of my candidacy. NOTE: This designation should be (a) Name of Committee (in full) Ohio Rhode Island V | (Including Joint Fundraising Inamed committee, which is NOT my prifiled with the principal campaign commit | Representativ | es) | | | nd expend fund | s on |
| DES 3. I hereby authorize the following ehalf of my candidacy. IOTE: This designation should be (a) Name of Committee (in full) Ohio Rhode Island V (b) Address (number and street) | (Including Joint Fundraising Inamed committee, which is NOT my prifiled with the principal campaign commit | Representativ | es) | | | nd expend fund | s on |
| DES 8. I hereby authorize the following pehalf of my candidacy. NOTE: This designation should be (a) Name of Committee (in full) Ohio Rhode Island V (b) Address (number and street) | (Including Joint Fundraising Inamed committee, which is NOT my profiled with the principal campaign commits ictory Fund | Representativ | es) | | | nd expend fund | s on |
| DES 8. I hereby authorize the following schalf of my candidacy. NOTE: This designation should be (a) Name of Committee (in full) Ohio Rhode Island V (b) Address (number and street) 918 Pennsylvania Av (c) City, State, and ZIP Code Washington, DC 2000 | (Including Joint Fundraising Inamed committee, which is NOT my profiled with the principal campaign commits ictory Fund | Representativ | es) | mittee, to re | ceive ar | | s on |

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